

*West*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>3-3-08</i></p>	
<p>1. Barcode</p> <p>C.O.I. Baldwin Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7007 1490 0000 0024 5010</p> <p>Domestic Return Receipt</p>	

2:08cv82 *complaint/ordered and due* <sup>4/8</sup>

2595-02-M-1540

*West*

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<p>1. Barcode</p> <p>C.O.I. Campbell Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7007 1490 0000 0026 6152</p> <p>Domestic Return Receipt</p>	

2:08cv82 *(complaint/ordered and due)* <sup>4/8</sup>

102595-02-M-1540

*West*

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<p>1. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>	<p>7007 1490 0000 0026 6138</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>

2:08cv82 *complaint order* *4/8*

*West*

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<p>1. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>	<p>7007 1490 0000 0024 5027</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>

2:08cv82 *complaint order* *4/8*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Captain Sconyers  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, AL 36017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-3-08

Address different from item 1? ☐ Yes  
or delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service lab)

7007 1490 0000 0026 6121

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



C.O.I. Joel Tew  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, AL 36017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-3-08

Address different from item 1? ☐ Yes  
or delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service lab)

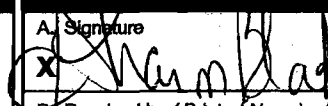
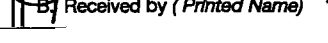

7007 1490 0000 0026 6169

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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<p>1. </p> <p>Sgt. Gerald Wright  Easterling Correctional Facility  200 Wallace Drive  Clio, AL 36017</p>		<p>2. Address different from item 1? <input type="checkbox"/> Yes  delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  <i>2:08cv82 (complaint for order/ans due)</i>  <i>4/1</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (transfer from service label)</p>		<p>7007 1490 0000 0026 6145</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	